

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/587200

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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25						
26						
27						
28						
29						
30						
31			1			
32			1			
33						
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35						
36						
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38						
39						
40						
41						
42						
43						
44						
45						
46			1			
47			1			
48						
49						
50					1	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54					1	
55					1	
56					1	
57					1	
58					1	
59					1	
60					1	
61					1	
62					1	
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.					8	
TOTAL CLAIMS					24	